

State of New Hampshire

Department of Environmental Services

Asbestos Management and Control Program







Please complete all sections of the application by printing or typing the required information, attaching all required documentation, and signing the application.

| PPLICANT: | | | |
|--|--|--------------------------|----------------------|
| (last) | , (first)_ | | , (mid I) |
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| COMPANY OR PRINCIPLE PLACE OF | EMPLOYMENT: | | |
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| | | e:, Zir | p: |
| : | , Fax: | | |
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| <u>APPLICATION INFORMATION</u> : | | | |
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| | | | rtificate in the |
| other state other than New Hard If YES, please list the name | ampshire? YES of the state, date | , NO of certification | <u> </u> |
| | | | |
| | | | or photographs, with |
| TRAINING OF APPLICANT: | | | |
| _ | and attach document | ation of course a | attendance and grade |
| e | Course | Date | Grade |
| | | | |
| | I Security Number (identification of Birth: Ing Address: Town: COMPANY OR PRINCIPLE PLACE OF ss: Town: APPLICATION INFORMATION: Is this a new application or If this is a Renewal Application or If this is | (last) | (last) |

(worker application)

V. STATEMENT OF COMPLIANCE:

I certify that I have read and understand the New Hampshire Asbestos Management Rules. I further certify this application is prepared in conformity with the New Hampshire Regulations for asbestos control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

| SIGNATURE | OF | APPLICANT: | | |
|-----------|----|------------|------|------|
| | | | | |
| Date: | | | | |

Please send completed application to:

New Hampshire Department of Environmental Services Bureau of Environmental and Occupational Health Attn: Asbestos Licensing / Certification PO Box 95 29 Hazen Drive Concord, NH 03300-0095

Phone: (603) 271-4609

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE AS SPECIFIED IN HE-P 5008.06 (B)(3):

\$50.00 FOR A NEW APPLICATION, OR \$40.00 FOR A RENEWAL APPLICATION.

CHECKS AND/OR MONEY ORDERS SHALL BE MADE PAYABLE TO "TREASURER, STATE OF NEW HAMPSHIRE".

MUST ALLOW 3-4 DAYS TO PROCESS APPLICATIONS